

Annual Latino Conference Latino Behavioral Health Institute

September 17-19, 2014

"Advancing Latino Behavioral Health: From Margin to Mainstream" at the

Los Angeles Hotel Downtown/Hyatt Regency 333 South Figueroa Street Los Angeles, CA 90071

For more information visit LBHI at www.lbhi.org or contact us at 818-713-9595

Save the Date



Latino Behavioral Health Institute • LBHI 20th Annual Latino Conference September 17, 18 & 19, 2014

Non-Profit and Government Agencies	•	Exhibitor Informatio	on	
*Full Page Ad (non-bleed) 7 1/4" x 9 1/8"	\$425			
*Full Page Ad (bleed) 8 %" x 11 1/6"	\$425			
*Half Page Horizontal Ad 7 1/4" x 4 3/4"	\$250	Name of Exhibitor		
*Quarter Page Ad 3 ¾" x 4 ¾"	\$125			
*Business Card 2" x 3 ½	\$75	Street Address		
Display Table (6' x 30" in size)	\$850			
Display Table & Full Page Ad	\$1,025	City	St	ate Zip
For Profit and Others	•	Contact Name		
*Full Page Ad (non-bleed) 7 1/4" x 9 1/8"	\$675	Contact Name		
*Full Page Ad (bleed) 8 % x 11 1/8"	\$675	Email Address		
*Half Page Horizontal Ad 7 1/4" x 4 3/4"	\$400	Email / tauless		
*Quarter Page Ad 3 ¾" x 4 ¾"	\$200	Phone No.	Fax No	D.
*Business Card 2" x 3 ½	\$100			
Display Table (6' x 30" in size)	\$3,000	Upon receipt of your re letter will be sent to yo		ayment, a confirmation information and
Display Table & Full Page Ad	\$3,500	instructions.		
Credit Card Payment: (Check one) [Please note \$5.00 additional processing f Credit Card Number: Authorized Signature:	ee to above	e pricing]	☐ VISA Expiration Date: 3-Digit Code:	MASTERCARD /
Purchase Order Number:		•		
Contact Name:		Phone	No.:	
THE UNDERSIGNED, ACCEPT RESPONSIBILITY FOR THE PURCHASE OF EXHIBIT TABLE(S) AS DESCRIBED ABOVE. I UNDERSTAND THAT ALL CONTENTS AND ITEMS ON DISPLAY ON THE EXHIBIT TABLE(S) ARE THE SOLE RESPONSIBILITY OF THE EXHIBITOR. THE LATINO BEHAVIORAL HEALTH INSTITUTE IS NOT RESPONSIBLE FOR LOSS, THEFT, AND/OR DAMAGE TO PROPERTY OR ITEMS FOR DISPLAY AND/OR SALE ON EXHIBIT TABLE(S). I ALSO UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR THE SET-UP, THE MONITORING OF THE EXHIBIT(S), AND TAKE-DOWN OF THE TABLE(S).				
Print Exhibitor Name Exhibitor Signature				Date
*Furnish color or black and white ad by August 22, 2014, condivis a mail in DDE format to: sail@libbi arg				
*Furnish color or black and white ad by August 22, 2014, send via e-mail in PDF format to: sgil@lbhi.org				
MAKE CHECK PAYABLE TO LBHI and mail with this form to: LBHI, P.O. BOX 1008, Thousand Oaks CA, 91360 FAX: 818-713-9995 LBHI Tax ID Number: 931195514				